

EXPRESS MAIL NO.: ER 166091764 US

APPLICATION DATA SHEET

**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF::

Title ::

COMPOSITION AND METHOD FOR THE TREATMENT OF CANCER AND OTHER PHYSIOLOGIC CONDITIONS BASED ON MODULATION OF THE PPAR-GAMMA PATHWAY AND HER-KINASE AXIS

Attorney Docket Number::

67789-542

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?::

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

### **First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	B.
Family Name::	Agus
Name Suffix::	
City of Residence::	Beverly Hills
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	522 North Crescent Drive
City of mailing address::	Beverly Hills
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	90210

### **Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	IN
Status::	Full Capacity
Given Name::	Anjali
Middle Name::	
Family Name::	Jain

Name Suffix::

City of Residence:: Los Angeles  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1670 Manning Avenue, Apt. 107  
City of mailing address:: Los Angeles  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 90024

### **Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name::  
Family Name:: Hedvat  
Name Suffix::  
City of Residence:: Encino  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 5460 White Oak Avenue, E-335  
City of mailing address:: Encino  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 91316

## **Correspondence Information**

Correspondence Customer Number:: **50670**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 213-633-6800

Fax Number: 213-633-6899

E-Mail address:: [sethlevy@dwt.com](mailto:sethlevy@dwt.com)

## **Representative Information**

Representative Customer Number::		<b>50670</b>
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## **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US04/028071	08/27/04
PCT/US04/028071	An application claiming the benefit under 35 USC 119(e)	60/498,849	08/29/03
PCT/US04/028071	An application claiming the benefit under 35 USC 119(e)	60/568,910	05/07/04

## Assignee Information

Assignee name::	Cedars-Sinai Medical Center
Street of mailing address::	8700 Beverly Boulevard
City of mailing address::	Los Angeles
State or Province of mailing address::	California
Country of mailing address::	US
Postal or Zip Code of mailing address::	90048